



# FRIENDS OF BELLE ISLE STATE PARK 5K TRAIL RUN/WALK

## Saturday, Sept. 27, 2014

### BELLE ISLE STATE PARK

**1632 Belle Isle Road, Lancaster, VA 22503**

Check In Time: 7:30 A.M.

Race Begins at: 8:30 A.M.

Mail form and entry fee to: FRIENDS OF BELLE ISLE STATE PARK, PO BOX 633, LANCASTER, VA 22503

Make checks payable to: FRIENDS OF BELLE ISLE STATE PARK.

For more info: CALL (804) 462-5030 OR visit [www.virginiastateparks.gov](http://www.virginiastateparks.gov), click "What To Do"

**\$4 PARKING FEE WILL BE WAIVED WITH PRE-REGISTRATION**



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**Please use a separate entry form for each participant; please no strollers or baby joggers.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Adult T-shirt Size: S M L XL

Children sizes available only with pre-registration: S M L.

Gender \_\_\_\_\_ Age on race day \_\_\_\_\_

**Pre-Registration until September 20, 2014**

**Entry Fee: \$15 (12 years and over) \_\_\_\_\_**

**\$10 (under 12 years) \_\_\_\_\_**

**After September 20, 2014**

**Late Entry Fee: \$18 (12 years and over) \_\_\_\_\_**

**\$13 (under 12 years) \_\_\_\_\_**

Water available at 2 mile point

Times available at 1 mile & 2 mile points

#### RACE WAIVER

I, the undersigned, waive and release myself, my heirs, executors and administrators and assume the risk of physical injury or death from participating in said event and waive all rights and claims for damages, demands and any other actions whatsoever, which I may have against the Commonwealth of Virginia, Belle Isle State Park, Friends of Belle Isle, all participating sponsors and supporters of those entities, successors, representatives and assigns, arising out of my participation in this event. I certify that I am in proper physical condition to participate in this activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian if under 18 years of age. \_\_\_\_\_

Date \_\_\_\_\_